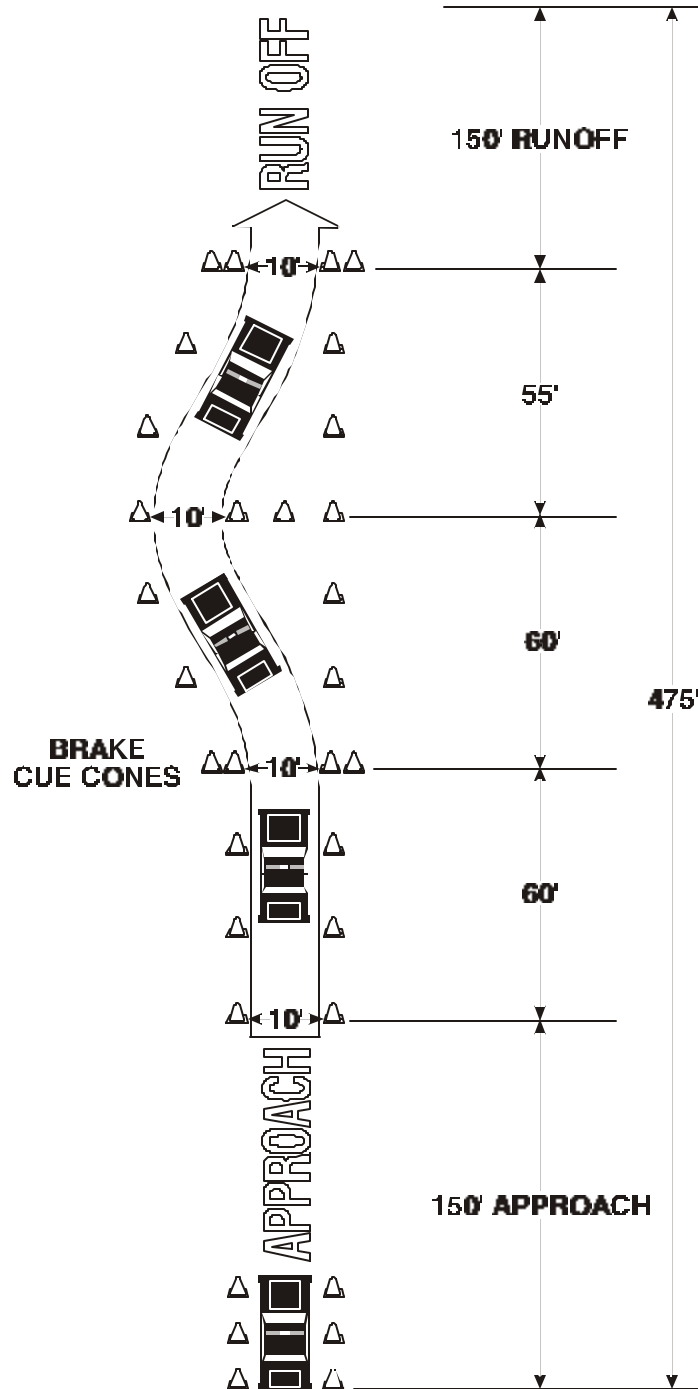

Braking Exercises

- **Controlled Braking**
 - **Threshold Braking**
-

Controlled Braking



Exercise Requirements

475' x 60'
including
Approach
and
Runoff

**Requires
80 Traffic
Cones**

Controlled Braking

Purpose:

To develop skill in achieving and maintaining maximum braking pressure while controlling the direction of the vehicle.

Procedure:

Instructor

- Explains purpose of exercise and key factors of the exercise.
- Demonstrates exercise at moderate speed.
- Demonstrates exercise at required speed.
- Cues driver when front of the vehicle is even with the cue cone.

Student

1. Wears duty leather goods.
2. Assumes proper driving position; seat, mirrors, seat belt.
3. Enters course at speed determined by instructor.
4. Negotiates the course smoothly.
5. Maintains 9-3 hand position.
6. Exits the course at the direction of the instructor.
7. Increases speed for subsequent practices at the direction of the instructor.

Controlled Braking

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

	1	2	3	4
A. Entered course correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained required speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 9-3 hand position (Going Forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Controlled acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Steering control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Accelerator, steering coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Smooth acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Foot movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Use of brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of cones hit _____

Reaction time was adequate. ☐ YES ☐ NO

Vehicle remained under control at all time. ☐ YES ☐ NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. ☐ YES ☐ NO

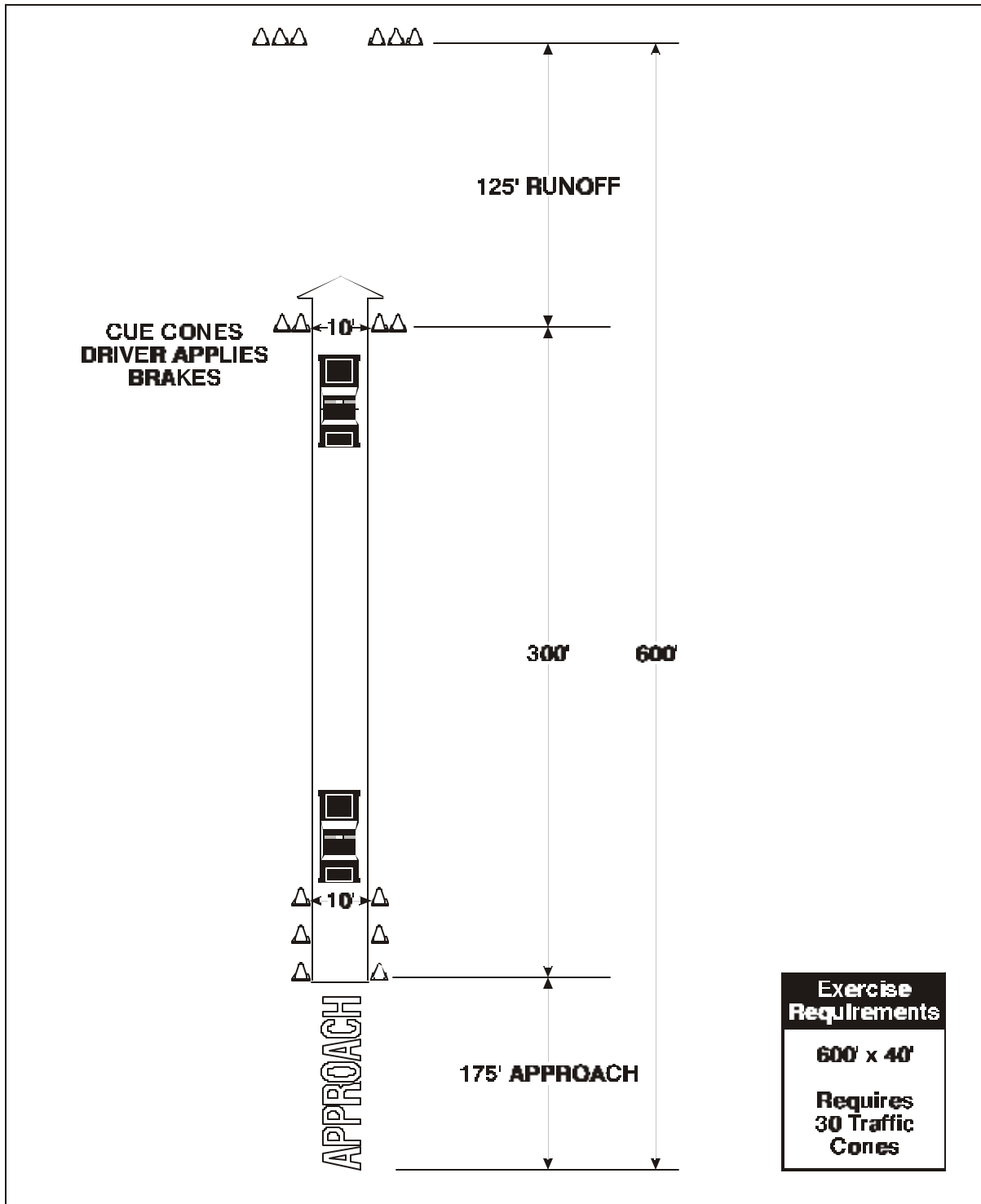
General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____

Threshold Braking



Threshold Braking

Purpose:

To **develop** skill in **achieving and maintaining** maximum **braking pressure**.

Procedure:

Instructor

- Explains **purpose of exercise** and **key factors of the exercise**.
- **Demonstrates exercise at moderate speed**.
- **Demonstrates exercise at required speed**.
- Cues **driver** when **front of the vehicle is even** with the **cue cone**.

Student

1. Wears **duty leather goods**.
 2. **Assumes proper driving position**; **seat**, **mirrors**, **seat belt**.
 3. Enters **course at speed determined by instructor**.
 4. **Negotiates the course smoothly**.
 5. Maintains **9-3 hand position**.
 6. Exits the **course at the direction** of the **instructor**.
 7. **Increases speed** for **subsequent practices at the direction** of the **instructor**.
-

Threshold Braking

Exercise Rating:

Student's Name _____

Date _____

Vehicle Make/Number _____

Practice No. _____

Qualification Attempt No. _____

	1	2	3	4
A. Entered course correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Maintained required speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 9-3 hand position (Going Forward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Controlled acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Steering control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Accelerator, steering coordination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Smooth acceleration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Foot movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Use of brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Number of cones hit _____

Reaction time was adequate. ☐ YES ☐ NO

Vehicle remained under control at all time. ☐ YES ☐ NO

Describe negative actions or attitudes _____

Failed to complete exercise because _____

All requirements were met. ☐ YES ☐ NO

General Remarks:

Instructor's Signature _____ Date _____

I have seen the completed form and have been given an explanation of my performance and rating.

Student's Signature _____ Date _____